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JUN 17 2005

DATE: June 17, 2005

TO: Mail Stop Amendment  
Commissioner for Patents  
Art Unit: 3711, Examiner: HUNTER, ALVIN A  
Facsimile No.: 703-872-9306

FROM: Kristin D. Wheeler  
Customer Number: 40990  
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RE: Application Serial No.: 10/789,288  
Response to Office Action of March 17, 2005

Pages including cover sheet: 11

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on June 17, 2005  
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Kristin D. Wheeler (Reg. No. 43,583)  
Name of person signing Certificate

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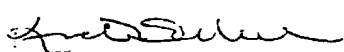
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<b>Complete If Known</b>	
		Application Number	10/789,288
		Filing Date	February 27, 2004
		First Named Inventor	Michael J. Sullivan
		Examiner Name	HUNTER, ALVIN A
		Art Unit	3711
TOTAL AMOUNT OF PAYMENT		(\$)	130.00
Attorney Docket No.		B04-07	

<b>METHOD OF PAYMENT</b>	
<input checked="" type="checkbox"/> Deposit Account      Deposit Account Number: <u>502309</u> Deposit Account Name: <u>Acushnet Company</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>				
<u>Application Type</u>	<u>Filing Fee (\$)</u>	<u>Search Fee (\$)</u>	<u>Examination Fee (\$)</u>	<u>Fees Paid (\$)</u>
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	
<b>2. EXCESS CLAIM FEES</b>				
<u>Fee Description</u>				<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200
<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	=	0	x 50	= 0
Paid TC = the greater of 20 or highest number of total claims paid for				
<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	=	0	x 200	= 0
Paid IC = the greater of 3 or highest number of independent claims paid for				
<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<u>Total Sheets</u>	<u>Extra Sheets</u>	(round up to integer)	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/ 50 =	x 250	=
<b>4. OTHER FEES</b>				
Statutory Disclaimer \$130				<u>Fee Paid (\$)</u>
				130
Other:				

<b>SUBMITTED BY</b>			
Signature		Registration No. 43,583	Telephone (508) 979-3015
Name	Kristin D. Wheeler	Date	